

Counselor In Training Application

Woodfield Scout Preservation

Please Print

Full Name _____

First

Middle

Last

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Age _____ Date of Birth _____ Troop/Crew/Post _____ Rank _____

Number of years as: Cub ____ Scout ____ Venturer ____ Explorer ____ OA ____

Leadership Positions Held _____

Training and/or Certifications _____

In what areas of Scouting do you feel qualified? (check all that apply)

Swimming ____	Nature ____	Archery ____	Crafts ____	Bugling ____
Lifesaving ____	Reptile Study ____	Rifle Shooting ____	Orienteering ____	Indian Lore ____
Rowing ____	Mammal Study ____	Fishing ____	Pioneering ____	Theater ____
Canoeing ____	Consevation ____	Sports ____	Camping ____	Other _____
First Aid ____	Weather ____	Emergency Prep. ____	Cooking ____	Other _____
Safety ____	Forestry ____	Geology ____	Insect Study ____	Other _____

What areas of Scouting do you like best? _____

What are your hobbies? _____

List Church activities: _____

List any special recognitions or awards: _____

My choice of weeks: (circle all that apply) *Staff Week One Two Three Four*

Applicant Signature Date Parent/Guardian Signature Date

Unit Leader Endorsement

I, _____, approve this application and recommend the above named Scout for a position as a Counselor In Training at Woodfield Scout Preservation.

Unit # _____ Position _____ Signature _____ Date _____

Applicant will be contacted by the Camp Director for assignment & orientation before camp begins.